

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Restoring Prosperity Fund

ADDRESS (number and street) ▼

7660 Fay Ave. Suite 314

☐ Check if different than previously reported. (ACC)

La Jolla

CA

92037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00498261

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2011

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary E Azevedo

Signature of Treasurer

Mary E Azevedo

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 07 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Restoring Prosperity Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2011

To:

 M M / D D / Y Y Y Y Y  
 12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	175756.72	
(c) Total Receipts (from Line 19) .....	240256.00	433256.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	416012.72	433256.00
7. Total Disbursements (from Line 31) .....	391455.87	408699.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24556.85	24556.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Restoring Prosperity Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2011

To:

M M / D D / Y Y Y Y Y  
12 31 2011
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

236750.00

429750.00

(ii) Unitemized .....

3506.00

3506.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

240256.00

433256.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

240256.00

433256.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

240256.00

433256.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

240256.00

433256.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	202872.89	202872.89
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	188582.98	205826.26
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	391455.87	408699.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	391455.87	408699.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	240256.00	433256.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	240256.00	433256.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoring Prosperity Fund

Full Name (Last, First, Middle Initial)

**A. Charles E Amato**

Mailing Address 9311 San Pedro Ave. Suite 600

City State Zip Code  
 San Antonio TX 78216

FEC ID number of contributing federal political committee.

C

Name of Employer

Southwest Business Corp.

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 14 2011

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Larry Anders**

Mailing Address 5205 Creekpoint Dr.

City State Zip Code  
 Plano TX 75093

FEC ID number of contributing federal political committee.

C

Name of Employer

Summit Alliance Co.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 03 2011

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Anderson Columbia co., Inc.**

Mailing Address 871 NW Guerdon St.

City State Zip Code  
 Lake City FL 32056

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 03 2011

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)..... ►

35500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoring Prosperity Fund

Full Name (Last, First, Middle Initial)

**A. Nathan Crain**

Mailing Address P.O. Box 670346

City State Zip Code  
Dallas TX 75367

FEC ID number of contributing federal political committee.

C

Name of Employer

Crain Information Systems, Inc

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 04 2011

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

**B. Steven Frank**

Mailing Address P.O. Box 93824

City State Zip Code  
Southlake TX 76092

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 27 2011

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Harvey Graves**

Mailing Address 654 N Sam Houston Prky East

City State Zip Code  
Houston TX 77060

FEC ID number of contributing federal political committee.

C

Name of Employer

Pinnacle Medical

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 29 2011

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 77  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

## **A. E Gunning**

Mailing Address 1421 Green Spring Valley Rd.

City State Zip Code  
 Lutherville MD 21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 14 / 2011

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Janet Hendricks**

Mailing Address 6015 Haverhill Court

City State Zip Code  
 Springfield VA 22152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2011

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mark Kandianis**

Mailing Address 6821 Hawk Ridge Dr.

City State Zip Code  
 Ferndale WA 98248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kodiak Fish Co.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2011

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Ray Larsen**

Mailing Address P.O. Box 630353

City

Little Neck

State

NY

Zip Code

11363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RL International

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2011

**Transaction ID : SA11AI.4170**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas McKernan Jr.**

Mailing Address 1070 Fallen Leaf Rd.

City

Arcadia

State

CA

Zip Code

91006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAA Auto Club of Southern CA

Occupation

President & CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2011

**Transaction ID : SA11AI.4281**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. George Muhlsten**

Mailing Address 2208 Walnut Avenue

City

Manhattan Beach

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Latham & Watkins LLP

Occupation

Partner-Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2011

**Transaction ID : SA11AI.4279**

Amount of Each Receipt this Period

25000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

36000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Vance Miller**

Mailing Address 5001 Spring Valley Road #1100

City State Zip Code  
 Dallas TX 75244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry S Miller

Occupation

Chairman and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 22 2011

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. James Pitcock Jr.**

Mailing Address 10006 Balmforth Ln.

City State Zip Code  
 Houston TX 77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Williams Bros. Const. Inc.

Occupation

Chairman/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 18 2011

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

**C. James Shealy**

Mailing Address P.O. Box 710062

City State Zip Code  
 Maxeys GA 30671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kakega, LLC

Occupation

Farm Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 20 2011

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Larry Smith**

Mailing Address 3010 Golfside Lane

City State Zip Code  
Hendersonville NC 28739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Wilfred Templeton**

Mailing Address 2185 Ringling Blvd

City State Zip Code  
Sarasota FL 34237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Myers Toyota Dealership

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2011

**Transaction ID : SA11AI.4401**

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. Kenny A Troutt**

Mailing Address 10595 Strait Lane

City State Zip Code  
Dallas TX 75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kenny Troutt Investment

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2011

**Transaction ID : SA11AI.4290**

Amount of Each Receipt this Period

50000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

65500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 77  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Alex Valadka**

Mailing Address 210 Lee Barton Drive #201

City	State	Zip Code
Austin	TX	78704

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 14 / 2011

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Withers Energy Group LP**

Mailing Address 16427 Telge Road

City	State	Zip Code
Cypress	TX	77429

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

08 / 08 / 2011

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

236750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Avis Rent A Car**

Mailing Address 7000 Airport Blvd

City	State	Zip Code
Houston	TX	77061

Purpose of Disbursement  
Car Rental

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

**Transaction ID : SB29.4536**

Amount of Each Disbursement this Period

277.72
--------

Full Name (Last, First, Middle Initial)

**B. Mary E Azevedo**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Campaign Reporting

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2011

**Transaction ID : SB29.4425**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Mary E Azevedo**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Campaign Reporting

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2011

**Transaction ID : SB29.4388**

Amount of Each Disbursement this Period

1250.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2027.72
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Mary E Azevedo**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Campaign Reporting

001

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

**Transaction ID : SB29.4344**

Amount of Each Disbursement this Period

1752.00
---------

Full Name (Last, First, Middle Initial)

**B. Mary E Azevedo**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Campaign Reporting

001

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2011

**Transaction ID : SB29.4340**

Amount of Each Disbursement this Period

1250.00
---------

Full Name (Last, First, Middle Initial)

**C. Mary E Azevedo**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Campaign Reporting

001

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

**Transaction ID : SB29.4338**

Amount of Each Disbursement this Period

600.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3602.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Mary E Azevedo**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Airfare, Room, Meals, Cab Fare Washington DC

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

**Transaction ID : SB29.4339**

Amount of Each Disbursement this Period

3247.46
---------

Full Name (Last, First, Middle Initial)

**B. Mary E Azevedo**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Campaign Reporting

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

**Transaction ID : SB29.4341**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Best Western Plus Somerset Inn**

Mailing Address 1895 Monterey St.

City	State	Zip Code
San Luis Obispo	CA	93401

Purpose of Disbursement  
Hotel Reservation

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2011

**Transaction ID : SB29.4451**

Amount of Each Disbursement this Period

200.48
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4197.94

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: **SB29**

Transaction ID : **SB29.4339**

11/14/2011-11/18/2011 Hyatt Regancy, 400 New Jersey Ave., Washington D.C. 2001, \$1,964.84 Room Reservation.  
U.S. Airways, 111 W Rio Salado Pkwy., Tempe AZ , \$689.80 Other Expenses under \$200

Form/Schedule:

Transaction ID:



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Candidatefund.com**

Mailing Address 1092 Forest Lake Dr.

City	State	Zip Code
Chula Vista	CA	91915

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

**Transaction ID : SB29.4563**

Amount of Each Disbursement this Period

3592.86

Full Name (Last, First, Middle Initial)

**B. Flemings**

Mailing Address 800 West Olympic Blvd

City	State	Zip Code
Los Angeles	CA	90015

Purpose of Disbursement  
Meals

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2011

**Transaction ID : SB29.4520**

Amount of Each Disbursement this Period

248.33

Full Name (Last, First, Middle Initial)

**C. Four Seasons**

Mailing Address 1300 Lamar St.

City	State	Zip Code
Houston	TX	77010

Purpose of Disbursement  
Room Reservation

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

**Transaction ID : SB29.4540**

Amount of Each Disbursement this Period

463.60

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4304.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Jim Friedrich**

Mailing Address 1114 SE Village View Lane

City Anreny	State IA	Zip Code 50021
----------------	-------------	-------------------

Purpose of Disbursement  
Political director-Iowa

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : SB29.4391**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jim Friedrich**

Mailing Address 1114 SE Village View Lane

City Anreny	State IA	Zip Code 50021
----------------	-------------	-------------------

Purpose of Disbursement  
Cabs & parking

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2011

**Transaction ID : SB29.4381**

Amount of Each Disbursement this Period

340.68
--------

Full Name (Last, First, Middle Initial)

**C. Jim Friedrich**

Mailing Address 1114 SE Village View Lane

City Anreny	State IA	Zip Code 50021
----------------	-------------	-------------------

Purpose of Disbursement  
Political-field staff-Iowa

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

**Transaction ID : SB29.4365**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4340.68

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4381

Reimbursed expenses under \$200

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Joe Heuertz**

Mailing Address 5709 NW 93rd St.

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

Purpose of Disbursement  
Political-field staff-Iowa

001

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : SB29.4393**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Joe Heuertz**

Mailing Address 5709 NW 93rd St.

City Johnston	State IA	Zip Code 50131
------------------	-------------	-------------------

Purpose of Disbursement  
Political field staff-Iowa

001

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

**Transaction ID : SB29.4368**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Holiday Inn Ames**

Mailing Address 2609 University Blvd.

City Ames	State IA	Zip Code 50010
--------------	-------------	-------------------

Purpose of Disbursement  
Room Reservation

002

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2011

**Transaction ID : SB29.4476**

Amount of Each Disbursement this Period

409.28
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4409.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Ames**

Mailing Address 2609 University Blvd.

City Ames	State IA	Zip Code 50010
--------------	-------------	-------------------

Purpose of Disbursement  
Room Reservation

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2011

**Transaction ID : SB29.4463**

Amount of Each Disbursement this Period

160.50

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 10440 N Central Exprwy. #400

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

Purpose of Disbursement  
Crowne Plaza Beverly Hills room reservation

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2011

**Transaction ID : SB29.4455**

Amount of Each Disbursement this Period

615.80

Full Name (Last, First, Middle Initial)

**C. Hotels.com**

Mailing Address 10440 N Central Exprwy. #400

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

Purpose of Disbursement  
Westin Hotel Washington DC

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2011

**Transaction ID : SB29.4443**

Amount of Each Disbursement this Period

692.13

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1468.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Hotels.com**

Mailing Address 10440 N Central Exprwy. #400

City	State	Zip Code
Dallas	TX	75231

Purpose of Disbursement  
Hotel Reservation - Iowa

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2011

**Transaction ID : SB29.4475**

Amount of Each Disbursement this Period

269.62
--------

Full Name (Last, First, Middle Initial)

**B. Hotels.com**

Mailing Address 10440 N Central Exprwy. #400

City	State	Zip Code
Dallas	TX	75231

Purpose of Disbursement  
Room Reservation-Austin Texas

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2011

**Transaction ID : SB29.4531**

Amount of Each Disbursement this Period

342.68
--------

Full Name (Last, First, Middle Initial)

**C. JW Marriott Los Angeles**

Mailing Address 900 W Olympic Blvd

City	State	Zip Code
Los Angeles	CA	90015

Purpose of Disbursement  
Room Reservations-CA Straw Poll

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2011

**Transaction ID : SB29.4525**

Amount of Each Disbursement this Period

2071.10
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2683.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Ryan Keller**

Mailing Address 902 Euclid Ave.

City	State	Zip Code
Des Moines	IA	50313

Purpose of Disbursement  
Political Director-Iowa Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : SB29.4392**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ryan Keller**

Mailing Address 902 Euclid Ave.

City	State	Zip Code
Des Moines	IA	50313

Purpose of Disbursement  
Cabs & Meals

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2011

**Transaction ID : SB29.4383**

Amount of Each Disbursement this Period

453.13
--------

Full Name (Last, First, Middle Initial)

**C. Ryan Keller**

Mailing Address 902 Euclid Ave.

City	State	Zip Code
Des Moines	IA	50313

Purpose of Disbursement  
Political director-Iowa Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2011

**Transaction ID : SB29.4367**

Amount of Each Disbursement this Period

3000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5453.13

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4383

Reimbursed expenses under \$200

Form/Schedule:

Transaction ID:





: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4356

Reimbursed Expenses under \$200

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Katie Koberg**

Mailing Address P.O. Box 818

City	State	Zip Code
Panara	IA	50216

Purpose of Disbursement  
Mileage

002

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2011

**Transaction ID : SB29.4348**

Amount of Each Disbursement this Period

85.84
-------

Full Name (Last, First, Middle Initial)

**B. Jeff LaCourse**

Mailing Address 7780 Office Plaza Drive #112

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Consultant Fee-Iowa Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2011

**Transaction ID : SB29.4387**

Amount of Each Disbursement this Period

8500.00
---------

Full Name (Last, First, Middle Initial)

**C. Jeff LaCourse**

Mailing Address 7780 Office Plaza Drive #112

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Mileage,Meals,Hotel,office supplies

002

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2011

**Transaction ID : SB29.4389**

Amount of Each Disbursement this Period

3551.32
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12137.16
----------

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4389

7/1/2011 Delta Airlines, 1030 Delta Blvd., Atlanta, GA 30320, \$829.40. 7/1/2011 Sheraton West Des Moines, 1800  
50th, West Des Moines, IA 50266 \$619.34. 7/3/2011 Delta Airlines, 1030 Delta Blvd. Atlanta, GA 30320, \$444.80.  
7/10/2011-7/17/2011 Extended Stay American, 3940 114th St., Urbandale, IA 50322, \$352.73. Balance of  
reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Jeff LaCourse**

Mailing Address 7780 Office Plaza Drive #112

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Mileage, meals, hotel

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2011

**Transaction ID : SB29.4377**

Amount of Each Disbursement this Period

1723.64

Full Name (Last, First, Middle Initial)

**B. Jeff LaCourse**

Mailing Address 7780 Office Plaza Drive #112

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Hotel Expense-Iowa

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2011

**Transaction ID : SB29.4428**

Amount of Each Disbursement this Period

352.73

Full Name (Last, First, Middle Initial)

**C. Jeff LaCourse**

Mailing Address 7780 Office Plaza Drive #112

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Consultant Fee-Iowa Staff Salary

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

**Transaction ID : SB29.4362**

Amount of Each Disbursement this Period

8500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10576.37

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: **SB29**

Transaction ID : **SB29.4377**

7/17/2011 Ash Creek Station, US Post Office, Des Moines, IA 50323, Postage, \$440.00. 7/17/2011-8/10/2011  
Extended Stay America, 3940 114th St., Urbandale, IA 50322 \$856.63. Balance of reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. April Linder**

Mailing Address 724 9th St.

City	State	Zip Code
West Des Moines	IA	50265

Purpose of Disbursement  
Political-coalitions-Iowa Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : SB29.4396**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. April Linder**

Mailing Address 724 9th St.

City	State	Zip Code
West Des Moines	IA	50265

Purpose of Disbursement  
Cabs

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2011

**Transaction ID : SB29.4384**

Amount of Each Disbursement this Period

100.78
--------

Full Name (Last, First, Middle Initial)

**C. April Linder**

Mailing Address 724 9th St.

City	State	Zip Code
West Des Moines	IA	50265

Purpose of Disbursement  
Political-coalitions-Iowa Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2011

**Transaction ID : SB29.4372**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4100.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. April Linder**

Mailing Address 724 9th St.

City	State	Zip Code
West Des Moines	IA	50265

Purpose of Disbursement  
Cab & Parking

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2011

**Transaction ID : SB29.4350**

Amount of Each Disbursement this Period

419.89
--------

Full Name (Last, First, Middle Initial)

**B. Marriott Washington DC**

Mailing Address 2660 Woodley Road NW

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement  
Hotel Reservation

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2011

**Transaction ID : SB29.4465**

Amount of Each Disbursement this Period

358.44
--------

Full Name (Last, First, Middle Initial)

**C. Marriott West Des Moines**

Mailing Address 1250 Jordan Dreek Parkway

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Hotel Reservation

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2011

**Transaction ID : SB29.4477**

Amount of Each Disbursement this Period

289.17
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1067.50
---------

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: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4350

Reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Marriott West Des Moines**

Mailing Address 1250 Jordan Dreek Parkway

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Room Reservation-Iowa Staff

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2011

**Transaction ID : SB29.4489**

Amount of Each Disbursement this Period

5604.62

Full Name (Last, First, Middle Initial)

**B. Christopher Murphy**

Mailing Address 420 1/2 E Erie #1

City	State	Zip Code
Missouri Valley	IA	51555

Purpose of Disbursement  
Political-field staff-Iowa

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : SB29.4395**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Christopher Murphy**

Mailing Address 420 1/2 E Erie #1

City	State	Zip Code
Missouri Valley	IA	51555

Purpose of Disbursement  
Cabs & Meals

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2011

**Transaction ID : SB29.4385**

Amount of Each Disbursement this Period

652.99

**SUBTOTAL** of Disbursements This Page (optional).....▶

8257.61

**TOTAL** This Period (last page this line number only).....▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4385

Reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Christopher Murphy**

Mailing Address 420 1/2 E Erie #1

City	State	Zip Code
Missouri Valley	IA	51555

Purpose of Disbursement  
Political-field staff-Iowa

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

**Transaction ID : SB29.4371**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Christopher Murphy**

Mailing Address 420 1/2 E Erie #1

City	State	Zip Code
Missouri Valley	IA	51555

Purpose of Disbursement  
Cabs & Parking

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2011

**Transaction ID : SB29.4354**

Amount of Each Disbursement this Period

1028.21
---------

Full Name (Last, First, Middle Initial)

**C. Oceanside Republican Women Federated**

Mailing Address P.O. Box 448

City	State	Zip Code
Oceanside	CA	92049

Purpose of Disbursement  
Civic Contribution

012

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : SB29.4430**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3528.21

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4354

Reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Orbitz**

Mailing Address 500 W Madison Ave. #1000

City	State	Zip Code
Chicago	IL	60661

Purpose of Disbursement  
Travel to Iowa

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2011

**Transaction ID : SB29.4461**

Amount of Each Disbursement this Period

264.44
--------

Full Name (Last, First, Middle Initial)

**B. Noreen Otto**

Mailing Address 919 S 5th Ave. W

City	State	Zip Code
Newton	IA	50208

Purpose of Disbursement  
Logistics-operations-Iowa Staff Salary

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : SB29.4398**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Noreen Otto**

Mailing Address 919 S 5th Ave. W

City	State	Zip Code
Newton	IA	50208

Purpose of Disbursement  
Logistics-operations-Iowa Staff Salary

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2011

**Transaction ID : SB29.4374**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4264.44

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Craig Schoenfield**

Mailing Address 2527 NW 162nd Street

City	State	Zip Code
Clive	IA	50325

Purpose of Disbursement  
Executive Director-Iowa Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : SB29.4390**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**B. Craig Schoenfield**

Mailing Address 2527 NW 162nd Street

City	State	Zip Code
Clive	IA	50325

Purpose of Disbursement  
Executive Director-Iowa Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

**Transaction ID : SB29.4364**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**C. Sheraton Los Angeles**

Mailing Address 6101 W Century Blvd.

City	State	Zip Code
Los Angeles	CA	90045

Purpose of Disbursement  
Room Reservations-CA Straw Poll

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

**Transaction ID : SB29.4514**

Amount of Each Disbursement this Period

7454.91
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶

27454.91

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Sheraton Los Angeles**

Mailing Address 6101 W Century Blvd.

City	State	Zip Code
Los Angeles	CA	90045

Purpose of Disbursement  
Room Reservations-Ca. Straw Poll

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

**Transaction ID : SB29.4528**

Amount of Each Disbursement this Period

3131.19
---------

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City	State	Zip Code
Dallas	TX	75235

Purpose of Disbursement  
Travel

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2011

**Transaction ID : SB29.4510**

Amount of Each Disbursement this Period

319.40
--------

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

City	State	Zip Code
Dallas	TX	75235

Purpose of Disbursement  
Travel to Las Vegas

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SB29.4524**

Amount of Each Disbursement this Period

281.60
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3732.19
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 1650 Garnet Ave.

City	State	Zip Code
San Diego	CA	92109

Purpose of Disbursement  
Office Supplies

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

**Transaction ID : SB29.4496**

Amount of Each Disbursement this Period

135.74
--------

Full Name (Last, First, Middle Initial)

**B. Texas Road House**

Mailing Address 8744 Northpark Dr.

City	State	Zip Code
Johnson	IA	50131

Purpose of Disbursement  
Meals Campaign Staff

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2011

**Transaction ID : SB29.4473**

Amount of Each Disbursement this Period

96.94
-------

Full Name (Last, First, Middle Initial)

**C. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City	State	Zip Code
La Jolla	CA	92037

Purpose of Disbursement  
Meals and gas- Iowa Straw Poll

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2011

**Transaction ID : SB29.4553**

Amount of Each Disbursement this Period

103.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

335.68
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: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4553

Reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City  
La JollaState  
CAZip Code  
92037Purpose of Disbursement  
Consulting, Admin, Management Staff Salary

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2011

**Transaction ID : SB29.4400**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**B. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City  
La JollaState  
CAZip Code  
92037Purpose of Disbursement  
Meals and gas - Iowa Straw Poll

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2011

**Transaction ID : SB29.4552**

Amount of Each Disbursement this Period

203.00
--------

Full Name (Last, First, Middle Initial)

**C. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City  
La JollaState  
CAZip Code  
92037Purpose of Disbursement  
Meals and gas Iowa Straw Poll

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : SB29.4551**

Amount of Each Disbursement this Period

300.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15503.00
----------

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: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4552

Reimbursed expenses under \$200.

Form/Schedule: SB29

Transaction ID: SB29.4551

Reimbursed Expenses under \$200.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

Purpose of Disbursement  
Consulting, Admin, Management Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2011

**Transaction ID : SB29.4379**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**B. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

Purpose of Disbursement  
Meals and cabs

002

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2011

**Transaction ID : SB29.4554**

Amount of Each Disbursement this Period

103.25
--------

Full Name (Last, First, Middle Initial)

**C. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City La Jolla	State CA	Zip Code 92037
------------------	-------------	-------------------

Purpose of Disbursement  
Consulting, Administration, Management Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2011

**Transaction ID : SB29.4345**

Amount of Each Disbursement this Period

15000.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30103.25

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4554

Reimbursed Expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City  
La JollaState  
CAZip Code  
92037Purpose of Disbursement  
Office expense, meals

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2011

**Transaction ID : SB29.4564**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**B. The Schuman Group**

Mailing Address 7660 Fay Ave. Suite 314

City  
La JollaState  
CAZip Code  
92037Purpose of Disbursement  
Consulting, Admin., Management Staff SalaryCategory/  
Type

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2011

**Transaction ID : SB29.4429**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. Paige Thorson**

Mailing Address 523 Miller Ave.

City  
Des MoinesState  
IAZip Code  
50315Purpose of Disbursement  
Political-coalitions-Iowa Staff Salary

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : SB29.4397**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17200.00
----------

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: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4564

Reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Paige Thorson**

Mailing Address 523 Miller Ave.

City	State	Zip Code
Des Moines	IA	50315

Purpose of Disbursement  
Cabs & meals

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2011

**Transaction ID : SB29.4382**

Amount of Each Disbursement this Period

577.65

Full Name (Last, First, Middle Initial)

**B. Paige Thorson**

Mailing Address 523 Miller Ave.

City	State	Zip Code
Des Moines	IA	50315

Purpose of Disbursement  
Political-coalitions Staff Salary

001

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

**Transaction ID : SB29.4373**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Paige Thorson**

Mailing Address 523 Miller Ave.

City	State	Zip Code
Des Moines	IA	50315

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

**Restoring Prosperity Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2011

**Transaction ID : SB29.4346**

Amount of Each Disbursement this Period

704.32

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3281.97

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SB29

Transaction ID : SB29.4382

Reimbursed Expenses under \$200.

Form/Schedule: SB29

Transaction ID: SB29.4346

Reimbursed Expenses under \$200.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. US Airway**

Mailing Address 4000 E Sky Harbor Blvd.

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Trip to Washington DC

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : SB29.4445**

Amount of Each Disbursement this Period

849.54
--------

Full Name (Last, First, Middle Initial)

**B. US Airway**

Mailing Address 4000 E Sky Harbor Blvd.

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Travel to Iowa

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2011

**Transaction ID : SB29.4460**

Amount of Each Disbursement this Period

510.00
--------

Full Name (Last, First, Middle Initial)

**C. Wasker, Dorr, Wimmer & Marcouiller P.C.**

Mailing Address 4201 Westown Parkway Suite 250

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Copier Rental

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2011

**Transaction ID : SB29.4359**

Amount of Each Disbursement this Period

300.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1659.54
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Wasker, Dorr, Wimmer & Marcouiller P.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2011

Mailing Address 4201 Westown Parkway Suite 250

City	State	Zip Code
West Des Moines	IA	50266

**Transaction ID : SB29.4342**Purpose of Disbursement  
Office Rental

001

Amount of Each Disbursement this Period

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

1099.48

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Daniel Weiser**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

Mailing Address 3621 131st Street

City	State	Zip Code
Urbandale	IA	50323

**Transaction ID : SB29.4394**Purpose of Disbursement  
Political-field staff-Iowa

001

Amount of Each Disbursement this Period

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

2000.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Daniel Weiser**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2011

Mailing Address 3621 131st Street

City	State	Zip Code
Urbandale	IA	50323

**Transaction ID : SB29.4380**Purpose of Disbursement  
Mileage

002

Amount of Each Disbursement this Period

Candidate Name

**Restoring Prosperity Fund**Category/  
Type

121.58

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

3221.06

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Restoring Prosperity Fund**

Full Name (Last, First, Middle Initial)

**A. Daniel Weiser**

Mailing Address 3621 131st Street

City  
UrbandaleState  
IAZip Code  
50323Purpose of Disbursement  
Political-field staff-Iowa

001

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

**Transaction ID : SB29.4370**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Daniel Weiser**

Mailing Address 3621 131st Street

City  
UrbandaleState  
IAZip Code  
50323Purpose of Disbursement  
Mileage

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2011

**Transaction ID : SB29.4352**

Amount of Each Disbursement this Period

121.07
--------

Full Name (Last, First, Middle Initial)

**C. Westin Washington DC City Center**

Mailing Address 1400 M St., NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Meals

002

Category/  
Type

Candidate Name

**Restoring Prosperity Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2011

**Transaction ID : SB29.4447**

Amount of Each Disbursement this Period

335.40
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2456.47
---------

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Restoring Prosperity Fund

### A. Westin Washington DC City Center

Mailing Address 1400 M St., NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement	
Meals	

002

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.4459

Amount of Each Disbursement this Period

34.59

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

34.59

185697.91

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 55 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Blakemore &amp; Associates</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> </div>	
Mailing Address 1 E Greenway Plaza Ste 225		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">9300.00</span> </div>	
City Houston	State TX	Zip Code 77046	Transaction ID : <b>SE.4318</b>
Purpose of Expenditure Fundraising Consultant Fee		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: TX District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">22800.00</span> </span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Blakemore &amp; Associates</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> </div>	
Mailing Address 1 E Greenway Plaza Ste 225		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">6000.00</span> </div>	
City Houston	State TX	Zip Code 77046	Transaction ID : <b>SE.4326</b>
Purpose of Expenditure Fundraising Consultant Fee		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: TX District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">37021.95</span> </span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">15300.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 56 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Padraic Buckley</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 25 / 2011 </div>
Mailing Address 7106 Tyndale St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2000.00 </div>
City McLean State VA Zip Code 22101		
Purpose of Expenditure Fundraising Consultant Fee	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: VA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4336

Full Name (Last, First, Middle Initial) of Payee <b>CALIFORNIA REPUBLICAN PARTY</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 13 / 2011 </div>
Mailing Address 1903 W. MAGNOLIA BLVD.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000.00 </div>
City BURBANK State CA Zip Code 91506		
Purpose of Expenditure Calif. Straw Poll	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">005</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">24273.88</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4506

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 07 / 2012

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 57 OF 77  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00498261
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>CALIFORNIA REPUBLICAN PARTY</b>		Date MM / DD / YYYY <b>09 / 15 / 2011</b>
Mailing Address 1903 W. MAGNOLIA BLVD.		Amount <b>8790.00</b>
City <b>BURBANK</b>	State <b>CA</b>	
Zip Code <b>91506</b>		Transaction ID : <b>SE.4516</b>
Purpose of Expenditure California Rep. Convention - Straw Poll	Category/ Type <b>005</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>CA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Rick Perry</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>33516.43</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>CALIFORNIA REPUBLICAN PARTY</b>		Date MM / DD / YYYY <b>09 / 17 / 2011</b>
Mailing Address 1903 W. MAGNOLIA BLVD.		Amount <b>5272.00</b>
City <b>BURBANK</b>	State <b>CA</b>	
Zip Code <b>91506</b>		Transaction ID : <b>SE.4517</b>
Purpose of Expenditure California Republican Conv.-Straw Poll	Category/ Type <b>005</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>CA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Rick Perry</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>38788.43</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>14062.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 07 / 2012**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 58 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>CCOP I, LLC</b>		Date MM / DD / YYYY 07 / 18 / 2011	
Mailing Address 2700 Grand Ave.		Amount 3932.95	
City Des Moines	State IA	Zip Code 50312	Transaction ID : SE.4426
Purpose of Expenditure Campaign Office Rental-Iowa		Category/ Type 001	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Cogs Sign Co.</b>		Date MM / DD / YYYY 09 / 10 / 2011	
Mailing Address 3309 Main St.		Amount 812.31	
City Santa Ana	State CA	Zip Code 92707	Transaction ID : SE.4502
Purpose of Expenditure Perry Signs		Category/ Type 006	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	4745.26
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 07 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 59 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>DW Print Works</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 1035 Silverado St.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           31.52         </div>
City La Jolla	State CA	Zip Code 92037
Purpose of Expenditure Perry Stickers	Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           22461.57         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4499

Full Name (Last, First, Middle Initial) of Payee <b>DW Print Works</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 1035 Silverado St.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           452.55         </div>
City La Jolla	State CA	Zip Code 92037
Purpose of Expenditure Perry Stickers	Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           24726.43         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4509

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         484.07       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         484.07       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 60 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>E-Media Baby</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> </div>
Mailing Address 1164 E Oakland Park Blvd, Suite 30		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">25000.00</span> </div>
City Oakland Park	State FL	
Zip Code 33334		Transaction ID : <b>SE.4418</b>
Purpose of Expenditure Email Broadcast and Email Addresses	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">43488.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Fundraising Solutions</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> </div>
Mailing Address 1500 Jackson St. #817		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">10000.00</span> </div>
City Dallas	State TX	
Zip Code 75201		Transaction ID : <b>SE.4316</b>
Purpose of Expenditure Fundraising Consultant Fee	Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>TX</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10000.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">35000.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 61 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Fundraising Solutions</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            07 / 26 / 2011         </div>
Mailing Address 1500 Jackson St. #817		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3500.00</div>
City State Zip Code Dallas TX 75201	<b>Transaction ID : SE.4317</b>	
Purpose of Expenditure Fundraising Consultant Fee	Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: TX District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">13500.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Fundraising Solutions</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            08 / 02 / 2011         </div>
Mailing Address 1500 Jackson St. #817		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>
City State Zip Code Dallas TX 75201	<b>Transaction ID : SE.4320</b>	
Purpose of Expenditure Fundraising Consultant Fee	Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: TX District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">27800.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">8500.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Fundraising Solutions</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 19 / 2011 </div>
Mailing Address 1500 Jackson St. #817		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2221.95 </div>
City State Zip Code Dallas TX 75201	<b>Transaction ID : SE.4325</b>	
Purpose of Expenditure Fundraising Consultant Fee	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: TX District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31021.95</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Melynda Gulley</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 08 / 2011 </div>
Mailing Address 215 Blue Bonnet Boulevard		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000.00 </div>
City State Zip Code San Antonio TX 78209	<b>Transaction ID : SE.4321</b>	
Purpose of Expenditure Fundraising Consultant Fee	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: TX District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">28800.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3221.95</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

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Date

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04 / 07 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Henson Design</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 06 / 2011	
Mailing Address 2525 Broadway Avenue Suite 29		Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>	
City San Diego	State CA		
Purpose of Expenditure Maintain Website	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">500.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.4315

Full Name (Last, First, Middle Initial) of Payee <b>Henson Design</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 13 / 2011	
Mailing Address 2525 Broadway Avenue Suite 29		Amount <span style="border: 1px solid black; padding: 2px;">6400.00</span>	
City San Diego	State CA		
Purpose of Expenditure Maintain Website	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6900.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.4297

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">6900.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 04 / 07 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Henson Design</b>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 2525 Broadway Avenue Suite 29			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div>	
City San Diego	State CA	Zip Code 92102	<b>Transaction ID : SE.4299</b>	
Purpose of Expenditure Maintain Website	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District:		
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">13265.27</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>Henson Design</b>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 2525 Broadway Avenue Suite 29			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6664.78</div>	
City San Diego	State CA	Zip Code 92102	<b>Transaction ID : SE.4307</b>	
Purpose of Expenditure Maintain Website	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District:		
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">22430.05</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12664.78</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

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Signature

Date

MM / DD / YYYY



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Henson Design</b>		Date <div style="border: 1px solid black; padding: 2px;">           10 / 03 / 2011         </div>
Mailing Address 2525 Broadway Avenue Suite 29		Amount <div style="border: 1px solid black; padding: 2px;">           6000.00         </div>
City San Diego	State CA	
Purpose of Expenditure Maintain Website	Category/ Type <div style="border: 1px solid black; padding: 2px;">           004         </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           46269.99         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4306

Full Name (Last, First, Middle Initial) of Payee <b>Macdonald Letter Service</b>		Date <div style="border: 1px solid black; padding: 2px;">           08 / 02 / 2011         </div>
Mailing Address 1632 Ohio		Amount <div style="border: 1px solid black; padding: 2px;">           1024.00         </div>
City Des Moines	State IA	
Purpose of Expenditure Brochures	Category/ Type <div style="border: 1px solid black; padding: 2px;">           006         </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           88975.95         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4314

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">         7024.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">         7024.00       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00498261	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name (Last, First, Middle Initial) of Payee <b>Macdonald Letter Service</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2011	
Mailing Address 1632 Ohio		Amount <span style="border: 1px solid black; padding: 2px;">1300.80</span>	
City Des Moines	State IA	Zip Code 50314	Transaction ID : SE.4312
Purpose of Expenditure Brochures	Category/ Type 006	Office Sought: <input type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">112184.58</span>			
Full Name (Last, First, Middle Initial) of Payee <b>Noreen Otto</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2011	
Mailing Address 919 S 5th Ave. W		Amount <span style="border: 1px solid black; padding: 2px;">254.07</span>	
City Newton	State IA	Zip Code 50208	Transaction ID : SE.4334
Purpose of Expenditure Signage for Iowa Straw Poll Event	Category/ Type 006	Office Sought: <input type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">115114.95</span>			
(a) SUBTOTAL of Itemized Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;">1554.87</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Mary E Azevedo</u>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 07 / 2012	
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>PR Newswire Associarion LLC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address G.P.O. Box 5897		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           1575.00         </div>
City New York	State CA	
Purpose of Expenditure Press Release	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           117580.95         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4304

Full Name (Last, First, Middle Initial) of Payee <b>Republican Party of Iowa</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 621 E 9th St.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           17488.00         </div>
City Des Moines	State IA	
Purpose of Expenditure Voter Data for Phone Bank	Category/ Type <div style="border: 1px solid black; padding: 2px;">005</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>IA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           18488.00         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4416

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">19063.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 68 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Republican Party of Iowa</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 621 E 9th St.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           35031.00         </div>
City State Zip Code Des Moines IA 50309	Transaction ID : <b>SE.4420</b>	
Purpose of Expenditure Iowa Caucus List	Category/Type <div style="border: 1px solid black; padding: 2px;">005</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           83951.95         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Republican Party of Iowa</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 621 E 9th St.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           15000.00         </div>
City State Zip Code Des Moines IA 50309	Transaction ID : <b>SE.4501</b>	
Purpose of Expenditure Voter List-Iowa Straw Poll	Category/Type <div style="border: 1px solid black; padding: 2px;">005</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           107719.86         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">50031.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 69 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Salem Media Reps</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> </div>
Mailing Address 6400 N Beltline Road Suite 220		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">500.00</span> </div>
City Irving State TX Zip Code 75063		
Purpose of Expenditure Press Release	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 43988.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4439

Full Name (Last, First, Middle Initial) of Payee <b>Craig Schoenfield</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> </div>
Mailing Address 2527 NW 162nd Street		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">1243.91</span> </div>
City Clive State IA Zip Code 50325		
Purpose of Expenditure Signs, T-Shirts-Iowa Event	Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 90219.86</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4386

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">1743.91</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

[Electronically Filed]

Date

MM / DD / YYYY

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.

Form/Schedule: SE

Transaction ID : SE.4386

7/15/2011 Smith Promotional Adv. Inc., 2867 99th St., Urbandale, IA 50322, T-Shirts, \$312.00. Balance of reimbursed expenses under \$200.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 71 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Craig Schoenfield</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 2527 NW 162nd Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">           2676.30         </div>
City Clive State IA Zip Code 50325	<b>Transaction ID : SE.4329</b>	
Purpose of Expenditure Pencils,Pens,Stickers for Iowa Straw Poll Event	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">           114860.88         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Sigma Voice</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Mailing Address 1902 Wright Place #200		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">           1000.00         </div>
City Carlsbad State CA Zip Code 92008	<b>Transaction ID : SE.4432</b>	
Purpose of Expenditure Telephone Message-Iowa	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">           1000.00         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%;">         3676.30       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE.4329

8/3/2011 Pinscentral, 830 Development Dr., Kingston, ON k7m5v7, Pins, \$286.21. 8/3/2011 Ink Spot Graphics Co. 1 West Deer Valley Rd. Phoenix, AZ 85027, Pencils, \$354.70. 8/3/2011 TJM Promotions, 6041 SW 54th St. #200, Ocula, FL 34474, Stickers, \$263.15. 8/3/2011 Walmart, 5101 SE 14th, Des Moines, IA 50320, Phone Bank Supplies, \$621.36. 8/3/2011 Sams Club, 1101 73rd St., Des Moines, IA 50311, Tables, Chairs for Straw Poll Event, \$477.19. Balance of reimbursed expenses under \$200.

Form/Schedule:  
Transaction ID:



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 73 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00498261         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Sigma Voice</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 28 / 2011	
Mailing Address 1902 Wright Place #200		Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>	
City Carlsbad	State CA	Zip Code 92008	<b>Transaction ID : SE.4434</b>
Purpose of Expenditure Telephone Message -Iowa	Category/ Type <span style="border: 1px solid black; padding: 2px;">007</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48920.95</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Sigma Voice</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 01 / 2011	
Mailing Address 1902 Wright Place #200		Amount <span style="border: 1px solid black; padding: 2px;">4000.00</span>	
City Carlsbad	State CA	Zip Code 92008	<b>Transaction ID : SE.4435</b>
Purpose of Expenditure Telephone Message-Iowa	Category/ Type <span style="border: 1px solid black; padding: 2px;">007</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">87951.95</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">5000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 74 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Sigma Voice</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 08 / 2011
Mailing Address 1902 Wright Place #200		Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City Carlsbad	State CA	
Zip Code 92008	Transaction ID : SE.4436	
Purpose of Expenditure Telephone Message-Iowa	Category/ Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">91219.86</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Sigma Voice</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 09 / 2011
Mailing Address 1902 Wright Place #200		Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City Carlsbad	State CA	
Zip Code 92008	Transaction ID : SE.4437	
Purpose of Expenditure Telephone Message-Iowa	Category/ Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">92219.86</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 04 / 07 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 75 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Sigma Voice</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 10 / 2011 </div>
Mailing Address 1902 Wright Place #200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 500.00 </div>
City State Zip Code Carlsbad CA 92008	Transaction ID : <b>SE.4438</b>	
Purpose of Expenditure Telephone Message - Iowa	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	Office Sought: <input type="checkbox"/> House State: <u>IA</u> <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">92719.86</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Smith Promotional Adv., Inc.</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 30 / 2011 </div>
Mailing Address 2867 99th St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 891.00 </div>
City State Zip Code Urbandale IA 50322	Transaction ID : <b>SE.4308</b>	
Purpose of Expenditure T-Shirts	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input type="checkbox"/> House State: <u>IA</u> <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">116005.95</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1391.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 07 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 76 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00498261       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>The Branding Iron, Inc.</b>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> </div>	
Mailing Address <b>7464 Draper Ave.</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">365.27</span> </div>	
City <b>La Jolla</b>	State <b>CA</b>	Zip Code <b>92037</b>	<b>Transaction ID : SE.4457</b>	
Purpose of Expenditure <b>T-Shirts</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>006</b></div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>CA</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Rick Perry</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"><span style="border: 1px solid black; padding: 0 5px;">7265.27</span></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>The Branding Iron, Inc.</b>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> </div>	
Mailing Address <b>7464 Draper Ave.</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">1481.56</span> </div>	
City <b>La Jolla</b>	State <b>CA</b>	Zip Code <b>92037</b>	<b>Transaction ID : SE.4526</b>	
Purpose of Expenditure <b>Perry T-Shirts</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>006</b></div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>CA</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Rick Perry</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"><span style="border: 1px solid black; padding: 0 5px;">40269.99</span></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">1846.83</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"></span> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 77 OF 77  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoring Prosperity Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00498261	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Angela Toft</b>		Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"><div>08</div><div>16</div><div>2011</div></div>	
Mailing Address P.O. Box 721220		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>	
City Pinon Hills	State CA	Zip Code 92372	Transaction ID : SE.4323
Purpose of Expenditure Fundraising Consultant Fee	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">003</div>	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">15765.27</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>Victory Enterprises</b>		Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"><div>08</div><div>22</div><div>2011</div></div>	
Mailing Address 5200 S.W. 30th St., Ste. 7		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3163.92</div>	
City Davenport	State IA	Zip Code 52802	Transaction ID : SE.4310
Purpose of Expenditure Phone Bank	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">005</div>	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Perry		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">110883.78</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5663.92</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">202872.89</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary E Azevedo

[Electronically Filed]

Signature

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

04

07

2012